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ABSTRACT

A program was implemented to involve 10 parents in helping their preschool children with language delays. Monthly parent support groups were held, and 10 professional speakers lectured to parents on child development topics. Parents were trained by a speech language pathologist to be language facilitators for their children. Parents were also encouraged to participate in developmentally appropriate play, use appropriate library books with their children, and listen to and converse with their children. After the program, parents completed a questionnaire addressing topics covered by the speakers and trainers, including the essentials of child development, language acquisition, and literacy skills. All of the parents had learned to listen more attentively to the intent of their child's language, were altering their language, and using shorter sentences. All children were tested before and after the program with the Zimmerman Preschool Language Scale. Over the 8 months of the program, gains for auditory comprehension ranged from 12 to 22 months and gains for verbal ability ranged from 10 to 24 months. The child development questionnaire and program evaluation questionnaire are appended. (Contains 20 references.) (SW)

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ED 385 975

An Early Intervention Program for Parents of Language Delayed Preschool Children

by

Patricia A Reblin

Cluster 53

A Practicum II Report Presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA SOUTHEASTERN UNIVERSITY

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This practicum report was submitted by Patricia A. Reblin Under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

July 25, 1995
Date of Final Approval of Report

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ABSTRACT

An Early Intervention Program for parents of Language Delayed Preschool Children. Reblin, Patricia A., 1995: Practicum Report, Nova Southeastern University, Ed.D. Management of Programs. Early Intervention/Parent Training/Speech-Language Therapy/Preschool Programs

In order to solve the problem of more children entering preschool programs with speech and language delays that had not been addressed in the home environment, the writer designed a comprehensive parent-centered approach to language remediation. It supported, educated, trained, and empowered parents as the primary service providers for their preschool children.

The program provided ten speakers on child development, taught language facilitation techniques, promoted the use of library books, taught developmentally appropriate play, and supported parents with professionally run parent-discussion groups.

Analysis of the data suggested that the parents became much more aware of normal development, the positive benefits of reading to their children, and how to incorporate language stimulation techniques into their spontaneous interactions. At the end of the program, all of the parents had learned to listen more attentively to the intent of their children's language, were altering their language, speaking more clearly, and using shorter sentences when interacting with their children. The children's Pre- and post-test scores for the eight-month implementation period showed gains that ranged from 10 to 24 months for receptive and expressive language.

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CHAPTER I

INTRODUCTION

Description of Community

The writer's community was a small city of 28,000 residents about 20 minutes north of a large metropolitan center. Information presented to the communities' "Tax Override Committee" suggested that this community had changed from a primarily white upper-middle-class community with good financial resources to a somewhat more racially and ethnically diverse middle-class community with budget problems. A budget surplus in 1982 was replaced by a seven million dollar budget deficit in 1992.

It was postulated that the building boom of the 1980's changed the demographics of the town by giving less affluent families an opportunity to move in town with rent subsidies. These families moved into existing two-family homes as well as under occupied condominium developments. As poorer families with rent subsidies moved in, former middle-class renters bought lower-priced starter homes.

Families remaining in town had grown older and had fewer children in the public schools. Another factor impacting population shifts was that new housing developments for the elderly had increased the number of older residents in town significantly.

This demographic shift and the recession had changed this community from an upper-middle-class community with good financial resources and support for public education to a more diverse middle-class community with fewer high-income families and a growing number of disadvantaged children. The percentage of families with children in the public schools had changed from 28% in 1982 to 18% in 1995.

When one looked at the city from a political perspective, it was evident that the board of aldermen and school committee reflected the attitude of the majority who were having financial problems and were advocating for level-funded budgets in all departments.

Writer's Work Setting and Role

The writer's work setting was within this city's public school system which had a high school, middle

school and six elementary schools. In 1989, due to decreased enrollment, two elementary schools were closed and grade six students were sent to what was formerly the junior high school to start a new middle school.

A superficial look at the internal organization revealed a school system that was doing with less. Over the past five years, the teaching staff, with an average age of 48, had declined by about 15%, class size had increased, and many programs had been reduced or eliminated.

Special-education staff were well trained with 95% holding advanced degrees as compared to 60% of the regular-education staff. Although both regular-education and special-education teachers got along well together and respected each other professionally, prevailing time constraints caused in part by the budget crisis had made it difficult for the special-education staff to share ideas and work cooperatively with regular-education staff to develop new service-delivery models.

The writer was a speech-language pathologist who held a Master of Science degree and a Certificate of Clinical Competency from the American Speech and Language Association. She had been employed by this school system

for 15 years and had been chairperson for the speech and language department from 1987-1995. Besides being the chairperson of the speech-language department who supervised five therapists and coordinated the early childhood programs, she also did diagnostic testing, chaired team meetings, provided direct therapy, kept records, and provided staff and parent training programs.

In her capacity as early childhood coordinator, this therapist was in a good position to analyze present special-education programming and then participate in the team effort to develop new programming that would better serve the school system and community at large.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The number of preschool children exhibiting language delay had increased greatly over the past ten years. Children were not receiving the language stimulation necessary for optimal speech and language development. This was particularly evident to speech-language pathologists, preschool teachers, and resource-room teachers who participated in yearly preschool screenings.

When teachers were interviewed by this writer, they attributed this language deficiency to the increase in social problems as well as lack of quality language stimulation at home. They felt that this new generation of children was coming to school with poor vocabularies, an inability to sustain attention to oral and written language, and an inability to express themselves appropriately.

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The effectiveness of the service-delivery model used by speech-language pathologists and preschool teachers to address the language development of young children needed to be reevaluated in view of an increase in the number of language delayed children and disadvantaged families in the community. This increase in the number of disadvantaged families was documented by the significant increase in the number of children eligible for the free-lunch program. According to Mc Loyd (1989), economic hardship may influence the child's development indirectly through the events that the child is a part of, and without the strong maternal support that fosters maturity and autonomy, the child will experience less than optimal development. It was this less than optimal speech and language development that was of concern to this writer.

Briefly, children were entering the preschool programs with speech and language problems that had not been addressed in the home environment.

Problem Documentation

Evidence supporting the existence of the problem came from speech and language department records. These

records from 1984-1994 showed a steady rise in preschool test referrals from 12 to 36 which was an increase from one monthly to three monthly with a slight decrease in the total student population. If it were not for the recent practice of admitting children to special needs preschool classes on the basis of formal evaluations by early intervention programs and local hospitals, the number of evaluations would have been even higher.

Speech and language case loads including monitors averaged 55 students in 1984 increasing to a peak of 72 in 1994 with the same amount of therapy time available. A further analysis of the speech and language department's records to determine any trend or pattern that might explain the increased case loads system wide was undertaken by this writer.

This analysis showed that over the past ten years the city's Chapter One preschool program had increased its enrollment from 70 children to 140 children by adding an afternoon session. Chapter One offered a quality preschool placement for disadvantaged children who would benefit from an enriched preschool environment. Since placement in this program required neither a formal language evaluation nor an educational plan, a majority of

the students were not identified at that time as language delayed.

As a result of the excellent language stimulation provided by the Chapter One preschool teachers, children were able to make it through kindergarten; only to be referred for an evaluation and therapy in first or second grade as the language complexity of the classroom increased. According to Norris (1989), when school-aged children have language impairments, they do not adequately understand the teacher's language in class and have difficulty with the language in their textbooks.

It appeared to this writer that the initial benefit of a language-rich preschool program was not enough to sustain children who lacked quality language stimulation at home past kindergarten.

Causative Analysis

The cause of more students entering preschool programs with identified speech and language problems was that preschool children did not receive appropriate early interventions in the home or child-care setting. Wadle (1991) noted that parents have many goals to focus on and

do not understand the effects language difficulties have on school performance and social behavior.

In order to develop good listening skills and age-appropriate vocabularies, children need to be read to on a regular basis. According to De Baryshe (1992), many low-income mothers do not understand the dynamics of reading to their children and unless they receive instruction on how to interact with reading materials, no appreciable change is noted even when children are read to.

Parents need to engage in developmentally appropriately play with their children. According to Schickedanz, Schickedanz, Hansen, and Forsyth (1993), children's thought processes evolve through play experiences and by the end of the preschool period, they have some understanding of the differences between real and pretend, and between fantasy and reality. During developmentally appropriate play with housekeeping toys for example, children are sequencing activities from memory, and practicing conversational turn taking. When parents play with their children they are reinforcing language concepts as well as cognition.

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Children need to be listened to when they are attempting to communicate with adults. When parents ignore a child's attempt to communicate, the child looses interest in speaking or becomes frustrated. According to Bloom and Lahey (1978), parents can help early speakers by repeating what the child may have been trying to say. Because young children speak in context, point, and use gestures, the diligent parent can usually decipher the child's communicative intent and respond to it.

Children need to be talked to and considered conversational partners. Marvin (1994) suggested using the time spent in the car to engage in conversation. In her study, young children spoke on more topics and referred to past or future events more frequently in the car setting than at home. Children also enjoy talking about books, food, pets, television programs, and activities in context. Once children experience success conversing with parents, they have the confidence to seek out a variety of conversational partners.

Children also need good language models. When parents speak well themselves and have some understanding of speech and language development, they respond to their

children in a manner that facilitates optimal language development.

Relationship of the Problem to the Literature

Other professionals have noted problems inherent in a traditional speech and language therapy model which focuses remediation exclusively on the child.

Traditional speech and language models focus on individual and small-group therapy where a therapist takes children to a special therapy room isolated from parents, teachers, and peers for remediation activities. According to Wilcox (1991), when children received speech-language therapy outside of the classroom it creates a problem because personnel who work with the children do not have an opportunity to learn and use modeling techniques in the classroom.

MacDonald and Carroll (1992) noted that early intervention for children with a language delay is not effective unless it is applied in a social context which includes relationships and play contexts. This is another perspective on why young children do not make optimal progress in a traditional therapy setting.

Due to new health care funding formulas and increased accountability in the public schools, it is of the utmost importance that one uses a cost-effective therapy model. When Barnett (1988) studied alternative types of intervention for language-impaired preschool children she found that when test scores and cost effectiveness were considered, a traditional therapy model was not the best approach to remediation.

West and Mild (1994) felt that the home environment is easily overlooked as being influential to a child's learning. In education today while curriculum continues to improve, the integration of communication skills at home is important if the child is to receive the best possible education. West and Mild saw the lack of ongoing communication between the school and home as a serious problem in education today.

When reviewing the literature to determine the effectiveness of different service-delivery models, one thing noted was that implementing new service-delivery models was not easy. According to Ferguson (1991), some researchers had found that with new service-delivery models, it took three-five years for any meaningful change to occur.

The literature search revealed situations that may cause an increase in the number of preschool children with speech and language delays. Werner and Smith (1992) noted from their longitudinal study of the children of Kauai that when children came from unstable families where independence, self-help skills, and communication skills were not fostered, they became vulnerable for developmental problems. Considering an increase in the number of low income families in the writer's school system, this is important research to study.

Shinn (1988) postulated from her study that poor children from single-parent families with low levels of parent child interactions performed poorly when tested on quantitative and verbal skills.

Areas covered in the literature search regarding children with speech and language delays were from a book based on a developmental study on resilient children, textbooks on language and child development, speech-language journals, and psychological research.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The problem addressed by the writer was that children were entering preschool programs with speech and language problems that had not been addressed in the home environment. The general goal of this practicum was that parents of speech and language delayed students would provide appropriate interventions to facilitate optimal language development.

Expected Outcomes

The expected outcomes, standard of achievement and method of evaluation were as follows:

1. Parents would identify the essentials of normal child development, and the milestones of language development.

2. Parents would read to their children as a means to enhance both cognitive and language development.
3. Parents would play with their children to promote age-appropriate play skills.
4. Parents would listen to their children and consider them good conversational partners.
5. Parents would become good language models for their preschool children.

Measurement of Outcomes

The first measurement tool that the writer used was a 30-item multiple-choice questionnaire covering the essentials of normal child development, milestones of language development, and literacy skills. The material presented on the questionnaire was covered during ten workshops conducted by professional staff members over the eight month implementation period. It also included information on language development that was emphasized when parents were trained as language facilitators for their language-delayed children. The end result of a

successful program would be that parents would answer a minimum of 25 questions correctly.

The second measurement tool was a rating scale of parents' ability to select developmentally appropriate books for their children. After attending four therapy sessions, using developmentally appropriate story books provided by the speech-language therapist, parents would select, read, and list two age-appropriate story books weekly borrowed from the public library.

The third measurement tool was a catalogue of educational toys and a rating scale for the toys and parent descriptions. Upon completion of the eight month training program, when provided with a comprehensive catalogue of educational toys, parents would be able to select a minimum of five toys and describe how they would use them to play with their children to enhance language and cognitive development.

The fourth measurement tool was a weekly calendar of activities. On this calendar, parents would list at least four topics that they had discussed with their children requiring a minimum of four conversational turns. There would be additional space on this calendar if parents

wished to record other language-based activities that they participated in with their children.

The fifth measurement tool was a pre- and post-observation tally sheet. A pre- and post-observation tally of facilitative verbal interactions between parents and children would be filled out during 15 minute unstructured play sessions by the writer. At the end of a successful program, the number of facilitative verbal interactions would increase by at least ten.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The number of preschool children exhibiting language delay had increased greatly over the past ten years. Children were not receiving the language stimulation necessary for optimal speech and language development. The problem was that children were entering the preschool programs with speech and language problems that had not been addressed in the home environment.

A number of solutions were gleaned from the literature. A review of the literature on parent involvement and associated areas revealed several positive approaches to remediation.

Krauss, Upshur, Shonkoff, and Houser-Cram (1993) in their study of parent-support groups, found a strong maternal perception of social support from other mothers of children with disabilities, and this successful outcome correlated highly with improved outcomes for the children.

The writer from her experience watching parents discuss problems informally during school functions was in agreement with the importance Krauss et al. placed on providing an organized program for parents that offers support and validation.

West and Mild (1994) in an article supporting more parent involvement in education addressed how parents could involve themselves more in their children's education. They talked about how daily activities such as reading, listening, and watching television could complement and reinforce the learning accomplished at school. In order to do this however, parents must have access to the curriculum and strategies that are being used in the classroom environment.

When the mothers of six preschool children with language impairments were taught to use milieu language teaching procedures, Alpert and Kaiser (1992) found significant growth in language development. This procedure included time delay modeling, expansion techniques, and incidental teaching methods. The mean length of utterance for these children at the end of the study exceeded or was equal to normally achieving children. The children also improved both their vocabularies and requesting behavior.

Weistuch (1991) related the success of a language training program for parents in the New Jersey school system. Parents were trained in the use of a language interaction intervention program which was very similar to an approach presently used by the writer. This approach in a controlled study effectively changed how mothers used language with their children.

Fey, Cleave, Long, and Hughes (1993) took parent training one step further by studying three different groups of language-impaired preschool children. The first group of children received focused stimulation and goal attack therapy by a speech-language pathologist while the second group received the same treatment by their parents. A third group scheduled for therapy at the end of the four month training program served as the control group. As expected, the children in the two treatment groups made substantial gains in expressive language development while the control group demonstrated no gains. Although the professionally treated group made more consistent gains across all treatment areas, the findings strongly support the use of parents as primary treatment providers.

Family-focused intervention programs are mandated by the Individuals with Disabilities Educational Act for

those programs requesting federal funding. Mc Bride, Brotherson, Joanning, Whiddon, and Demmitt (1993) documented a positive shift in services from family-allied intervention practices to family-focused intervention in early intervention programs to comply with the intent of the Individuals with Disabilities Educational Act.

Additional studies that documented the benefits of expanding the role of language intervention beyond the boundaries of the traditional therapy paradigm are as follows: A study that demonstrated the benefits that children with language disabilities derived when classroom teachers received language training by speech-language pathologists was conducted by Mudd and Wolery (1987). In this study, teachers were trained to transmit information or practical skills to children during unstructured situations. At the end of the study the children made good language gains, and once taught, observation showed that teachers incorporated these techniques into their daily teaching routine with all children.

When Wilcox (1991) studied preschoolers with language delays, it was found that children who received speech-language therapy in the classroom demonstrated increased generalization to the home. It was postulated

that the classroom therapy by speech-language pathologists increased the opportunity for other personnel who worked with the children to learn and use modeling techniques, thus getting more language stimulation.

A family-focused language intervention program as recommended by the Individuals with Disabilities Educational Act trains parents of language-delayed children to provide language intervention at home. The outcome of this type of program was exciting and cost effective because once trained, parents who spend the majority of time with these children, become the primary service provider. Even more exciting was the fact that once trained, these parents could facilitate the language development of subsequent children, eliminating a problem and promoting wellness.

An analysis of the solutions taken from the literature on parent involvement suggested implementation of a comprehensive approach to language remediation which included supporting, educating, training, and empowering parents as the primary service providers.

Description of Selected Solution

The solution selected initiated a holistic family-centered training program for the parents of language delayed and/or developmentally delayed preschool children.

This program provided a monthly parent support group for the parents of language-delayed preschoolers where they discussed their concerns and offered suggestions and support to their peers. The writer and a moderate special needs teacher scheduled the meetings, prepared the agendas, and facilitated the monthly meetings.

A parent-education component consisting of ten professional speakers in all areas of child and language development was scheduled over an eight-month period. This practical information empowered parents with the knowledge to enhance development and make informed decisions in areas concerning their child's welfare.

Parents were trained as goal-orientated language facilitators for their children by working directly with a speech language pathologist. They also learned modeling and language expansion techniques to use with daily

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routines, casual conversation, children's literature, and play.

This plan worked because it was well researched and met the needs of the entire family including the child and subsequent siblings.

Report of Action Taken

The writer took a number of preliminary steps in preparation for this practicum. First, she discussed this family-centered training program for the parents of language-delayed and/or developmentally-delayed preschool children with all speech-language pathologists, preschool teachers, and ancillary staff, gaining their approval and valuable input.

Next, the writer wrote up a brief summary of the program and set up an appointment to discuss the proposal with the Director of Special Education who endorsed the concept. She was then provided with an approved Department of Education grant by her director to pay for the parent group facilitator and professional speakers on child development. (Being able to compensate staff made the recruitment of speakers easier than anticipated, and

may have contributed to the high-quality workshops and exceptionally informative handouts that were provided.)

After administrative support was secured, parent meetings were scheduled to distribute literature, discuss the program's format, goals, and objectives. Once ten parents agreed to take part in the program, an eight-month schedule was written for speech and language therapy, monthly parent support groups, and the speakers on child development.

All of the children in the program were pretested with the Zimmerman Preschool Language Scale. The pre-observational tally of parents' facilitative verbal interactions during a 15 minute time period was completed using a Fisher Price play house with furniture, people vehicles, and playground equipment.

Attendance at the weekly therapy sessions was excellent, with missed sessions due only to illness. At first a couple of the parents had their excuses ready in case they became threatened by the program, but over time they became the most committed. Because parent participation was phased in gradually, starting with information on remediation techniques, appropriate toys, facilitative play techniques, and desirable books, parents

relaxed and started developing positive feelings about themselves.

Another important part of the program was encouraging parents to bring in two children's books from the public library after reading them to their child at home. Initially, the therapist read these books demonstrating how the child's goals and objectives could be emphasized while reading the books. This approach progressed to shared reading where the therapist read several pages and the parent read an occasional page. As the therapist did this, she emphasized pronouns and encouraged the parents to do the same (example-Look! here he is helping his sister ride.) Once the parent was comfortable, shared reading was increased to half of the book following the therapist's lead to go beyond the text (examples - asking who, what, where, when, and how questions for the child to answer.) New techniques were also modeled with familiar story books that were kept in the therapy setting when the slightest reluctance was noted. Teaching a new skill with a familiar book avoided unnecessary parental anxiety.

After the parents were in the program for six months, they appeared delighted to go on to the next step which was reading the library books to a small group of

children. They easily transferred the techniques that they had learned to a small group setting. At the end of about a month, several of the parents opted to read to an entire preschool class.

For about half of the parents, weekly trips to the public library to select developmentally appropriate books was a rewarding experience, but for the other half incorporating this task into their routine was more difficult than anticipated. Rather than risk negative feelings because they had not done their "homework," the writer turned it into a positive teaching experience where they selected their books from either the school library or her personal collection.

Each week parents were responsible for helping the child select a toy or game from home which they brought to therapy. Toys and games were also available from the preschool's vast toy-lending library so that all children would have the opportunity to play with a variety of interesting toys regardless of family income.

The therapist initially modeled appropriate play with the child's toy or game incorporating language modeling and expansion techniques into the therapy. An example of this during a board game would be the use of question

transformations in context (Is it my turn? May I go now? Do you want a turn? Am I winning?). Once the parents looked confident, they were eased into the sessions for increasing amounts of time.

After six months, those parents who were at the preschool expanded their skills as language facilitators to the play area of the classroom preparing and serving pretend meals for a doll or getting a doll ready for bed. At this point, other children who wandered into the area were invited to join in. They also worked on language-based projects that could be generalized to the home (cooking, preparing and serving snack, and crafts projects.)

A calendar of events was given to parents the first session with instructions for recording activities they took part in with their children. They were asked to record four topics of conversation each week that required a minimum of four conversational turns. The therapist kept a duplicate calendar in each child's folder in case parents forgot to bring the calendar to therapy. Half of the parents loved this calendar, and the other half did not take to it. At this point, the therapist helped them think of events and situations that had fostered

conversation and recorded the information for them on her duplicate calendar of events to stimulate their thinking.

The "Speaker Series" featured 10 professional staff members who spoke on a variety of topics:

1. Building a Child's Self-Esteem
2. Parenting and Goal Setting
3. Understanding Psychological Testing
4. Enhancing Fine Motor Development
5. Development of Gross Motor Skills
6. Play and Language Development
7. High Energy or Attention Deficit
8. Speech and Language Development
9. Behavior Management and Sleep Problems
10. Children's Books and Development of Early Literacy Skills

This speaker series was designed for the parents taking part in this practicum, but fliers were sent home to all parents with children in early childhood programs. It was also advertised in the local newspaper so any interested person could attend. On-site day care for preschool children was provided by a high school teacher and students from her child-care class. This program was well attended by the target group as well as parents of older children, grandparents, and staff members.

After the last session, the facilitator sought closure by briefly summarizing the series in order to develop an integrated model of the "whole child." Participants were given a questionnaire to evaluate the

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program and provide helpful feedback for planning future programs. Parents who participated in the parent-training program were provided with a 20-question multiple-choice questionnaire to document their understanding of salient information on child development. This information was emphasized during both the speaker series and individual therapy sessions. A copy of both forms was placed in the appendix.

During the final month, students were post-tested with the Zimmerman Preschool Language Scale. A post-observation tally of the parents' facilitative interactions during free play was recorded and compared with the initial sample.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The problem addressed by this practicum was that children were entering the preschool programs with speech and language problems that had not been addressed in the home environment. The effectiveness of the service-delivery model used by speech-language pathologists and preschool teachers needed to be reevaluated in view of this increase in the number of language-delayed children.

The solution strategy utilized by the writer was the implementation of a comprehensive approach to language remediation which included supporting, educating, training, and empowering parents as the primary service providers.

Upon completion of the implementation period, the writer analyzed the data collected on the above-mentioned

program. This data was compared with the criterion projected for the successful outcomes of this program.

Before implementation, parents sent their language-delayed children to preschool classes or speech and language therapy where they usually did not take an active role in the remediation process. As part of the change process, the first expected outcome of a successful program was that parents would identify the essentials of normal child development, and the milestones of language development.

At the end of the implementation period parents were provided with an "overall evaluation form" for the speaker series. All of these parents rated the speaker series as excellent and indicated that they would like to have speakers on additional topics next year (Appendix A). They also filled out the 20-item multiple choice questionnaire (Appendix B) covering the essentials of normal child development, milestones of language development, and literacy skills. The material presented on the questionnaire had been covered during the ten workshops conducted by professional staff members and reinforced during the therapy sessions.

It was projected that in a successful program parents would answer a minimum of 25 out of 30 questions correctly. Because the 30-item questionnaire took up five pages and looked too intimidating, the 20 most important questions were kept and the other ten eliminated. The new criterion was that parents would answer a minimum of 18 out of 20 questions correctly. All of the parents met the criterion with nine out of ten parents scoring 19 or better. None of the items missed was about speech and language development. See table 1.

Table 1

Child Development Questionnaire

20 Questions

Parent	Total Correct	Total Incorrect	Items Missed
A	19	1	(2)
B	20	0	
C	19	1	(13)
D	19	1	(6)
E	20	0	
F	20	0	
G	18	2	(4,9)
H	20	0	
I	19	1	(13)
J	19	1	(4)

The second projected outcome for a successful program was that parents would read to their children as a means to enhance both cognitive and language development. After attending four therapy sessions using developmentally appropriate story books provided by the speech-language therapist, it was projected that parents would select, read, and bring in two appropriate story books each week borrowed from the public library.

The results of this outcome were mixed. Five of the parents were most enthusiastic about their weekly trips to the library, exceeding the expected 56 books. The other five parents who were not regular library users found it difficult to incorporate this task into their busy schedules. When this happened, parents were taken to the school library to choose books, but these books were not counted in the statistics. See table II.

Table II

Library Books

Parent	Inappropriate	Fair	Good	Excellent	Total
A	0		15	5	20
B			25	35	60
C		0	12	4	22
D			50	10	60
E		1	40	21	62
F			48	10	58
G			16	2	18
H	1	8	25	24	58
I	2	10	10	1	23
J	0	4	20		30

Parents were expected to bring in two books weekly over 28 weeks for a total of 56 books.

The third projected outcome was that parents would play with their children to promote age-appropriate play skills. During the implimentation period, parents selected toys from home that they brought to therapy. The therapist modeled and taught appropriate play techniques to facilitate language development. Every opportunity was taken to discuss how one would go about selecting appropriate toys, as well as techniques for using these toys for stimulating language development.

At the end of the program, the parents were provided with a comprehensive catalogue of educational toys. They were asked to select five toys and describe how they would use them to play with their child to enhance language and cognitive development. The results were overwhelmingly positive with neither an inappropriate toy selected nor an inappropriate description of how the parent would use the toy to enhance language development. See tables III and IV.

Table III

Rating Scale for Five Educational Toys

Parent	Inappropriate	Fair	Good	Excellent	Total
A			1	4	5
B			3	2	5
C		1	3	1	5
D				5	5
E			1	4	5
F			1	4	5
G			2	3	5
H				5	5
I			3	2	5
J		1	3	1	5

Parents chose five developmentally appropriate educational toys from a catalogue.

Table IV

Rating Scale for Five Educational Toys

Parent	Inappropriate	Fair	Good	Excellent	Total
A				5	5
B			1	4	5
C		1	4		5
D				5	5
E			2	3	5
F			4	1	5
G			5		5
H			4	1	5
I			1	4	5
J			5		5

Parents described how they would use each of the developmentally appropriate toys chosen from a catalogue to enhance language and cognitive development.

The forth projected outcome was that parents would listen to their children and consider them good conversational partners. In order to accomplish this, parents were provided with a calendar of events and asked to note four conversations that they had with their child that required four conversational turns. Of the 128 entries expected over 32 weeks, five parents made between 100 and 150 entries which demonstrated that they had encorporated making their child a conversational partner into their life-style. The remaining five parents had between 12 and 40 entries on their calendars. It would appear from these results that they had failed to provide appropriate interventions to show that they considered their child a good conversational partner, but the discussion section will show otherwise.

These parents were the same parents who found it difficult to make weekly trips to the library. When these parents did not bring in the calendar of events, the therapist nonjudgmenatlly took out a duplicate calendar kept in the child's folder. She encouraged them to talk about things that they had done with their child and reinforced ways that they were providing good language stimulation activities. To shape the behavior, she

praised them and recorded the activities on her calendar. See table V.

Table V

Calendar of Events

Actual Number of Topics Discussed Versus Number Expected

Parent	Actual	Expected
A	36	128
B	150	128
C	12	128
D	100	128
E	128	128
F	116	116
G	30	128
H	120	128
I	40	128
J	24	128

Each week parents were asked to list four topics that they had discussed with their child requiring four conversational turns.

The last projected outcome was that parents would become good language models for their preschool children. In order to do this parents were trained as language facilitators for their language delayed children. During the first and last sessions, parents were asked to play with their children for 15 minutes using a Fisher Price play house with funiture, people, vehicles, and playground equipment. The pre-test and post-test scores for facilitative language interactions were recorded by the therapist. The gain scores ranged from a low of 11 to a high of 28 with an average gain of 20 facilitative interactions. The projected gain of ten or better for a successful program was easily met by the parents. See table VI for free play sample and table VII for program attendance record.

Table VI

Rating Scale for Parents' Facilitative Verbal Interactions During Their Child's Free-Play Sample

Parent	Pre-test	Post-test	Gain
A	0	20	20
B	2	25	23
C	0	15	15
D	5	30	25
E	4	31	27
F	7	35	28
G	1	20	19
H	4	15	11
I	0	18	18
J	0	11	11

Table VII

Attendance Record

Parent	Therapy Sessions	Speaker Series	Support Group
A	30	8	8
B	29	9	9
C	29	8	8
D	31	6	6
E	32	8	8
F	31	8	8
G	28	8	8
H	31	8	8
I	29	9	9
J	30	7	7

Discussion

The general goal of this practicum was that parents of speech and language delayed students would provide appropriate interventions to facilitate optimal language development. From this holistic perspective, this early intervention program for parents of language-delayed preschool children was an overwhelming success. It was successful, not because parents met each expected outcome to the exact criterion projected, but because at the end of the implementation period each parent was effectively facilitating her child's language and cognitive development.

All of the children in the program were pre and post-tested on the Zimmerman Preschool Language Scale for auditory comprehension and verbal ability. Over the eight month implementation period, gains for auditory comprehension ranged from 12 to 22 months and gains for verbal ability ranged from 10 to 24 months.

The children who demonstrated the most substantial gains were those whose parents initially had the most difficulty changing their life-styles. Those life-style changes included learning to frequent the public library

and learning to capitalize on daily activities as mediums for language stimulation.

The results demonstrated that flexibility was the key to this successful program. Changing behavior took time, but reinforcing success by shaping behavior worked well. Building in success did much more for the parents' self-esteem than documenting failure. Once these parents started to feel good about themselves, they began to take pride in their child's accomplishments.

Although scores were low for the number of library books and entries on their calendar of events, they caught up to the other parents over the last six weeks of the program. This demonstrated that even when parents wanted the best for their children, accommodating change was difficult. According to Moor-Brown (1991), it takes three-five years to develop new programs, and because changing behavior is what makes the process so challenging, these parents deserve a lot of credit.

The parents who took part in this program became much more aware of normal development, the benefits of reading to their children, and how to incorporate language stimulation techniques into their spontaneous interactions. They learned much about developmental play

skills and felt comfortable using those techniques to play with their children as well as other children in their child's class. They learned to listen more attentively to the intent of their child's language using context and body language to aid their comprehension. At the end of the program, all of the parents were altering their language, speaking more clearly, and using shorter sentences when interacting with their children.

Unanticipated outcomes of this program were how well parents generalized skills to the classroom, brought guests to both therapy sessions and the speaker series, and the interest generated in parent participation by other ancillary service providers.

Parents whose children were in the Chapter One Preschool program volunteered regularly in their children's preschool classes. The writer and the classroom teachers were thrilled when they saw these parents generalizing their training to the classroom using language facilitation techniques with other children.

These parents brought husbands, grandparents, relatives, and other siblings to both the therapy sessions and the speaker series. This unexpected outcome was most exciting because the greater the sphere of influence

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around the child, the better the prognosis for improvement.

Other ancillary service providers became committed to the philosophy of parent participation and increased participation. The occupational therapy, physical therapy, and speech and language departments developed a movement and language group for young children. These routines were designed to help teachers and parents facilitate optimal development of the "whole child."

In summary, this comprehensive approach to language remediation which included supporting, educating, training, and empowering parents as the primary service providers worked well. At the end of the program, all of the parents felt empowered to facilitate successful outcomes for their language-delayed preschool children.

Recommendations

This writer has the following recommendations she wishes to share with the reader:

First, an early intervention program for parents of language delayed preschool children needs to follow a

curriculum but also needs to have a degree of flexibility built-in. This is important because parents, as well as children, have strengths and weaknesses which require program modifications. Without individual modifications, the neediest parents may feel intimidated and drop out.

Secondly, it is very important for all early intervention programs to encourage both parents, grandparents, child care providers, and extended family members to attend training sessions because they are all significant people who can profoundly affect a child's development.

Thirdly, it is important to video tape speakers and training workshops so that parents can make up sessions that they are unable to attend. Also, with video tapes, one can replicate a successful training program quite easily.

Dissemination

This practicum was shared with school administrators, speech-language pathologists, special-education teachers, preschool teachers, and regular education teachers who expressed interest in this parent training program. This

practicum will be summarized and submitted to Language, Speech, and Hearing in Schools for publication.

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APPENDIX A

OVERALL EVALUATION

EARLY CHILDHOOD SPEAKER SERIES

OVERALL EVALUATION

We would appreciate your taking a few minutes to complete this questionnaire about the Speaker Series. Your honest feedback helps us plan future programs.

1. In general, how would you rate the Speaker Series?

Poor So So Excellent

---

2. Was the information relevant to your needs?

Off the Mark Somewhat On Target

---

3. The organization and presentation of the sessions were:

Confusing Okay Clear

---

4. Through the Speaker Series I gained: (Circle one or more)

Ideas expertise valuable knowledge good handouts

---

5. Would you like to have another Speaker Series next year?

YES NO Suggested topics ----------

---

6. What was the best thing about the Speaker Series? ------

---

7. What was the least helpful? ----------

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8. Additional Comments:

THANK YOU

APPENDIX B

CHILD DEVELOPMENT QUESTIONNAIRE

Child Development Questionnaire

COMPLETE EACH SENTENCE WITH THE MOST APPROPRIATE PHRASE.

1. Children develop good self-esteem when
   a. they play with children with high self-esteem.
   b. they are respected and valued for their uniqueness.
   c. parents provide consistent punishment.

2. Poor self-esteem usually is a result of
   a. feelings of failure when they believe that they do not measure up.
   b. over indulgence by parents.
   c. a genetic disorder.

3. Good parenting skills are
   a. innate and most parents develop them naturally.
   b. are usually learned from good role-models and exposure to information on child development.
   c. are more common in younger parents than older parents.

4. Psychological test scores are
   a. an absolute measure of a child's potential.
   b. always tell much more than performance over a period of time in a comfortable environment.
   c. just one measure of a child's ability to learn and should be looked at in the context of several formal and informal measures of development.

5. When parents are informed that their child performed at the 60th percentile on a standardized test, this means
   a. that he/she got 60 percent of the answers correct.
   b. that he/she performed better than 60 percent of the population the test was standardized on.
   c. that he/she performed worse than 60 percent of the population the test was standardized on.

6. A prerequisite for developing good fine motor skills is
   a. strengthening large muscles through exercise and refined activity.
   b. using narrow crayons and pencils at a young age.
   c. eating a diet rich in vegetables.

7. Young children have difficulty printing the letter "X" until
   a. first grade.
   b. they learn all of the other letters.
   c. they are able to cross the mid line of their bodies.

8. Parents aid their child's large muscle development most when they
   a. encourage their child to play on playground equipment.

b. emphasize competitive sports at an early age.
c. give their child vitamins daily.

9. Throwing and catching a large ball helps preschoolers
   a. develop eye hand coordination.
   b. coordinate muscles for riding a bicycle.
   c. develop superior trunk stability.

10. As young children imitate familiar activities during play they
   a. are developing sequential thinking skills and fostering receptive and expressive language development.
   b. encourage older children to play with them.
   c. have fun, but it is not particularly important.

11. Children often become effective communicators at a young age when
   a. they are members of a large family and want to be heard above the commotion.
   b. they watch a lot of children's programs on public television.
   c. parents spend time interacting with their children and view them as interesting and good conversational partners.

12. Children with an Attention Deficit Disorder are often <u>not referred</u> for an evaluation by their parents because
   a. the children are able to attend to television shows or interesting activities for a good amount of time in spite of the fact that their activity level or ability to attend is a problem in other settings.
   b. parents find it desirable to have so much action in their homes.
   c. parents think that if they wait the problem behavior will go away once the child has to sit still in school.

13. Children with an Attention Deficit Disorder
   a. usually come from families with several siblings.
   b. often have a family member with the same disorder.
   c. are more affectionate than most children.

14. An Attention Deficit Disorder can have a negative impact on language development because
   a. it can interfere with a child's ability to attend to spoken language, listen, and process the information.
   b. children with this problem prefer movement to talking so they tend to be quiet.
   c. the medicine they take makes them too tired to talk.

15. Young children are often hard to understand because